

ELECTORAL FORM XIX

FORM FOR CANCELLATION OF POSTAL PROXY VOTE OR CHANGE OF FALKLAND ISLANDS ADDRESS FOR

TO: The Registration Officer Constituency.

I _____ of _____
(full name) (address)

hereby *give notice of cancellation of my postal proxy vote OR
 *notify you that my address in the Falkland Islands to which postal ballot papers are to be sent
 has changed and that my new address is

Dated

Signed

Witness

Note: This notice must be signed and dated by the postal voter, whose signature must be witnessed by an elector or a justice of the peace.

***Delete whichever is inapplicable.**